

Part I: CoC Organizational Structure

HUD-defined CoC Name:*	CoC Number*
Northeast Nebraska Continuum of Care	NE-506
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization: Care Corps, Inc.		
CoC Contact Person: Tammy Evans		
Contact Person's Organization Name: Care Corps, Inc.		
Street Address: 723 North Broad Street		
City: Fremont	State: NE	Zip: 68025
Phone Number: (402)721-3125	Fax Number: (402) 721-6246	
Email Address: execdir-carecorp@qwest.net		

CoC-A

B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. List the name and the six-digit geographic code number for **every** city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping CoC systems.

Geographic Area Name	6-digit Code
Antelope	319003
Burt	319021
Cedar	319027
Cuming	319039
Dixon	319051
Dodge	319053
Knox	319107
Madison	319119
Pierce	319139

Geographic Area Name	6-digit Code
Stanton	319167
Thurston	319173
Washington	319177
Wayne	319179

CoC-B

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under “CoC Primary Decision-Making Group,” identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate frequency of meetings and the number of organizations participating in each group. Under “Other CoC Committees, Sub-Committees, Workgroups, etc.” you should include any established group that is part of your CoC’s organizational structure (add rows to the chart as needed). Please limit your description of each organization’s role to 2 lines or less.

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or more	Every other mo.	Quarterly	Annually	
CoC Primary Decision-Making Group (list only one group)						
Name:	Executive Committee		X			7
Role:	This group addresses strategic planning, membership, task force oversight, regional issues, develop agenda’s, and determines project priorities.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Data Collection Task Force		X			5
Role:	This group meets to plan for the point-in-time count and gaps analysis. In addition, this groups coordinates the compilation of data collected and presents summaries of the findings.					
Name:	Membership Task Force		X			5
Role:	This group meets to coordinate the membership list and membership outreach plan for the region which includes retention and recruitment of agencies.					
Name:	Education and Advocacy Task Force		X			5
Role:	This group meets to ensure there is on-going education throughout the region on the issues of housing and homelessness by coordinated efforts throughout the region.					
Name:	Housing Task Force		X			5
Role:	This group meets to address the multi-cultural challenges in the NE region (i.e. employment, youth, health, housing/homelessness, education, industry, and faith-based issues).					
Name:	Multi Sub-regional Group (Burt, Cuming, Stanton)	X				30
Role:	This group meets to address the multi-cultural challenges in the NE region (i.e. employment, youth, health, housing/homelessness, education, industry, and faith-based issues).					
Name:	Dodge County Sub-regional Group	X				25
Role:	This group meets to address homelessness, housing, poverty, partnerships, data collection, program availability, and to exchange regional information back and forth.					
Name:	Tri-County Sub-regional Group (Antelope/Knox/Pierce)		X			11
Role:	This group meets to address homelessness, housing, poverty, partnerships, data collection, program availability, and to exchange regional information back and forth.					

Name:	Wayne, Cedar, Dixon, Thurston Sub-regional Group	X			15
Role:	This group meets to address homelessness, housing, poverty, partnerships, data collection, program availability, and to exchange regional information back and forth.				
Name:	Madison County Sub-regional Group	X			17
Role:	This group meets to address homelessness, housing, poverty, partnerships, data collection, program availability, and to exchange regional information back and forth.				
Name:	Washington County Sub-regional Group	X			15
Role:	This group meets to address homelessness, housing, poverty, partnerships, data collection, program availability, and to exchange regional information back and forth.				

C-C

D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2006 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For “Homeless Persons,” identify at least 2 homeless or formerly homeless individuals.

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	Cooperative Extension	Dodge, Madison, Knox, Holt, Washington	Y	VET
	Department of Economic Development	DODGE, MADISON	SMI	SA
	USDA Rural Development	Northeast NE	SMI	DV
	Educational Service Unit	All	Y	SMI
	Governor	All	SMI	SA
	Nebraska Health & Human Services	All	SMI	Y
	Nebraska Justice Center	All	SMI	SA
	Region IV	Antelope, Knox, Pierce, Burt, Cuming, Cedar, Wayne, Dixon, Madison, Thurston, Stanton	SMI	SA
	Region VI	Dodge, Washington	SMI	SA
	Nebraska Aids Project	Madison	HIV	SA

LOCAL GOVERNMENT AGENCIES				
County Supervisors	Dodge	SMI	VET	
City Council	Dodge	VET	Y	
Mayor	Dodge, Cuming	SA	Y	
Dodge County Mediation	Dodge	SMI	SA	
PUBLIC HOUSING AGENCIES				
Blair Housing Authority	Washington	SMI	VET	
Fremont Housing Authority	Dodge, Dixon, Wayne	SMI	VET	
Goldenrod Regional Housing Authority	All	SMI	DV	
Northeast NE Joint Housing Association	All	DV	VET	
Norfolk Housing Agency	Madison	DV	SMI	
Northeast Housing Initiative	Dixon, Cedar, Knox, Pierce	SMI	DV	
Ponca Housing Authority	Dixon	DV	VET	
SIMPCO	Dixon, Wayne, Dakota	VET	DV	
Wayne Community Housing	Wayne	SMI	DV	
SCHOOL SYSTEMS / UNIVERSITIES				
Fremont Public Schools	Dodge	Y	SMI	
Midland Lutheran College	All	Y	SMI	
Goldenrod Hills Head Start	Cuming	Y	SA	
Northeast Community College	All	Y	SMI	
Wayne State College	All	Y	SMI	
West Point Public Schools	Cuming	Y	DV	
St. Patrick's Catholic School	Dodge	Y	SMI	
St. Paul's Lutheran School	Cuming	Y	DV	
St. Mary's Catholic School	Cuming	Y	DV	
LAW ENFORCEMENT / CORRECTIONS				
County Attorney	All	SMI	SA	
County Clerk	Dodge, Washington, Madison, Cuming	Y	DV	
Cuming County Juvenile Diversion Program	Cuming	Y	SA	
Sheriff Department	All	DV	SMI	
Dodge County Court Services	Dodge	SMI	Y	
Police Department	All	SA	SMI	
Juvenile Justice Program	Cuming	Y		
LEGAL AID	WASHINGTON, DODGE	SA	SMI	

	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	NE Workforce Development	Dodge, Washington, Madison, Wayne, Washington, Cuming	DV	VET
	Vocational Rehabilitation	Dodge, Madison	SMI	SA
	OTHER			
	Boy Scouts/Girl Scouts	All	Y	DV
	Job Corps	All	Y	SA
	New American Center	Norfolk	SMI	SA
	Teammates Mentoring Program	Cuming	Y	
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	Agape Pregnancy Care Center	Madison, Wayne	Y	DV
	Bright Horizons	Madison, Stanton, Pierce, Antelope, Knox	DV	Y
	Care Corps , Inc	All	SMI	Y
	Christian Heritage Children's Home	Madison	SMI	Y
	Community Alliance	Dodge, Washington	SMI	SA
	Community Mental Health & Wellness	Wayne	SMI	SA
	Crisis Center	Dodge, Washington, Burt, Cuming	DV	Y
	Dodge County Collaborative Team	Dodge	VET	Y
	Family Planning	Madison	HIV	DV
	Goldenrod Hills Community Action	Cuming	DV	Y
	Haven House Family Services Agency	Wayne, Cedar, Dixon, Thurston	SMI	DV
	Improved Living	Madison	SMI	SA
	Liberty Center	Madison	SMI	SA
	Low Income Ministry	Dodge	SMI	VET
	Neighborhood Clothing Store	Cuming, All	SMI	VET
	Norfolk Rescue Mission	Madison	VET	SA
	Northeast NE Chapter of American Red Cross	Wayne	VET	HIV
	Northeast NE Family Health Services	Dodge	DV	Y
	R-Way	Madison	SMI	SA
	Good Sheppard's Room	Madison	SMI	SA
	West Point Food Pantry	Antelope	SA	SMI
	New American Center	Norfolk	SMI	SA

FAITH-BASED ORGANIZATIONS				
First Presbyterian Church	Dodge	SMI	DV	
Good Neighbors	Madison	Y	DV	
Immacula Monastery	Norfolk	Y	DV	
Lutheran Family Services	Washington, Dodge	SMI	SA	
St. Mary's Catholic Church	Cuming	Y	DV	
St. Mary's Covent	Cuming	Y	DV	
St. Patrick's Church	Dodge	Y	SMI	
St. Vincent De Paul	Norfolk	Y	SMI	
Salvation Army	Dodge, Madison	Y	SMI	
United Methodist Church	Cuming, Dodge	Y	DV	
United Family Services	Wayne, Dodge	Y	DV	
Wayne Association of Congregations & Ministers	Wayne	Y	DV	
Ministerial Association	Cuming, Dodge	DV	Y	
FUNDERS / ADVOCACY GROUPS				
Dinklage Foundation	Cuming	SMI	Y	
Fremont Area United Way	Dodge	SMI	Y	
Fremont Area Community Foundation	Dodge	SMI	Y	
BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)				
Chamber of Commerce	Cuming, Dodge, Wayne	SMI	SA	
Elkhorn Valley Community Development Corp.	Antelope, Cuming, Dodge, Pierce, Madison, Stanton	DV	Y	
Greater Fremont Development Council	Dodge	SMI	SA	
KHUB Radio	Dodge	SMI	Y	
Fremont Tribune	Dodge	SMI	Y	
Pathfinder Support Services	Dodge	SA	Y	
StaffCo	Cuming, Stanton, Dodge	VET	DV	
Valmont Industries, Inc.	Cuming, Dodge	SMI	Y	
West Point Implement	Cuming	SMI	Y	
Wimmer's Meat Products, Inc.	Cuming	Y	DV	
HOSPITALS / MEDICAL REPRESENTATIVES				

THREE RIVERS PUBLIC HEALTH DEPT.	Dodge	SMI	Y
Blair Clinic	Washington Co	SMI	SA
Blair Memorial Hospital	Washington Co	SMI	SA
Community Doctors	Dodge	SMI	Y
Fremont Area Medical Center	Dodge	SMI	SA
Plainview Area Health Services	Antelope	SMI	SA
Remote Immigration Clinic	Cuming	Y	DV
St. Francis Memorial Hospital	Cuming	Y	DV
Elkhorn Valley Public Health Department	Madison, Burt Stanton, Cuming	Y	SMI
Veteran's Hospital	All	VET	SA
HOMELESS PERSONS			
Kim Holland	Dodge	SMI	DV
Jack Talbitzer	Dodge	SMI	SA
Terri Beck	Dodge	SMI	DV
OTHER			
Veteran's Services	All	VET	SMI
Volunteers (Seniors)	All	SMI	Y
Ponca Tribe	Cedar, Dixon	SMI	DV

***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

CoC-D

E: CoC Governing Process Chart

HUD is moving toward providing greater definition and setting standards on the governing process of Continuums of Care. Check the box for each question below, and explain briefly if necessary.

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	X	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	X	<input type="checkbox"/>
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	X	<input type="checkbox"/>
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain.	X	<input type="checkbox"/>
5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.	X	<input type="checkbox"/>
6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.	X	<input type="checkbox"/>
7. Does the CoC have a fiscal agent designated to receive funds from HUD?	X	<input type="checkbox"/>
If your Continuum has not yet complied with any of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition. NA		

CoC-E

F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in 2006 to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

1. Open Solicitation			
a. Newspapers	<input type="checkbox"/>	e. Outreach to Faith-Based Groups	X
b. Letters to CoC Membership	<input type="checkbox"/>	f. Announcements at CoC Meetings	X
c. Responsive to Public Inquiries	X	g. Announcements at Other Meetings	X
d. Email CoC Membership/Listserv	X		
2. Objective Rating Measures and Performance Assessment			
a. CoC Rating & Review Committee Exists	X	j. Assess Spending (fast or slow)	X
b. Review CoC Monitoring Findings	NA	k. Assess Cost Effectiveness	X
c. Review HUD Monitoring Findings	NA	l. Assess Provider Organization Experience	X
d. Review Independent Audit	NA	m. Assess Provider Organization Capacity	X
e. Review HUD APR	X	n. Evaluate Project Presentation	X
f. Review Unexecuted Grants	X	o. Review CoC Membership Involvement	X
g. Site Visit(s)	X	p. Review Match	X
h. Survey Clients	X	q. Review Leveraging	X
i. Evaluate Project Readiness	X		
3. Voting/Decision System			
a. Unbiased Panel / Review Committee	X	e. All CoC Present Can Vote	X
b. Consumer Representative Has a Vote	X	f. Consensus	X
c. CoC Membership Required to Vote	X	g. Abstain if conflict of interest	X
d. One Vote per Organization	X		

CoC-F

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	NO
If Yes, briefly describe the complaints and how they were resolved.	
NA	

CoC-G

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an “X” in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year.

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
American Red Cross				X		X	X											
Agape Pregnancy Care Center				X	X					X		X	X		X			
Blair Clinic						X					X	X	X	X	X			
Blair Housing Authority		X	X															
Blair Memorial Hospital				X							X	X	X	X	X	X		
Bright Horizons				X	X	X			X	X	X	X	X		X	X		X
Care Corps, Inc.		X	X	X	X	X			X	X	X	X	X	X	X	X		X
Christina Heritage Children’s Home				X					X	X		X	X		X	X		X
Community Alliance				X					X			X	X		X			
Community Mental Health and Wellness				X						X	X	X			X			
County Attorney					X													
County Clerk		X	X		X								X					
Crisis Center for Domestic Violence				X	X	X			X	X	X	X	X		X			X
Court Services					X													
Dodge County Mediation					X													
Elkhorn Valley Community Development Corporation	X																	
Elkhorn Valley Public Health Department						X									X			
Educational Service Unit #2															X		X	
Family Planning										X				X	X			
Fremont Housing Authority		X	X															
Fremont Area Medical Center									X		X	X	X	X	X			
Fremont Public Schools															X			X
Goldenrod Hills Community Action	X	X	X			X			X	X			X		X			X

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Goldenrod Hills Head Start				X											X		X	
Goldenrod Regional Housing Authority		X	X															
Good Sheppard's Room									X									
Haven House Family Service Agency				X	X	X			X	X	X	X	X	X	X		X	X
Improved Living				X					X			X						
Job Corp															X	X		
Juvenile Diversion Program					X				X					X				
Juvenile Justice Program					X				X					X				
Legal Aid					X													
Liberty Center		X	X	X					X	X	X	X						
Lutheran Family Services				X							X	X						
Low Income Ministry		X	X			X							X					X
Midland Lutheran College						X							X		X			
Norfolk Rescue Mission									X									
Nebraska Aids Project														X				
Northeast NE Joint Housing Authority	X	X	X	X			X		X	X					X	X		X
Norfolk Housing Agency	X																	
Nebraska Health & Human Services	X	X	X	X	X				X		X	X	X		X		X	X
Nebraska Justice Center				X	X													
Nebraska Workforce Development									X						X		X	
Northeast Housing Initiative	X																	
Northeast Community College															X			
Northeast NE Family Health Services				X		X					X	X	X	X	X			
Pathfinder Support Services											X							
Plainview Area Health Services											X	X	X	X				
Ponca Housing Authority	X																	
Police Departments					X	X	X	X			X				X			X
Ponca Tribe		X			X				X		X							X
R Way		X	X						X		X	X	X					
Region IV		X	X	X					X		X	X			X			X
Region VI		X	X	X					X		X	X			X			X

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Remote Immigration Clinic				X		X	X											
Salvation Army						X							X					
Sheriff's Departments						X	X	X				X						X
SIMPCO	X																	
St. Francis Memorial Hospital				X	X				X		X	X	X		X			
St. Patrick's Catholic Church						X							X					
StaffCo.																X		
Teammates Mentoring Program				X											X			
Three Rivers Public Health Department						X									X			
United Family Services				X		X				X					X		X	
Vocational Rehabilitation									X		X			X	X			
Wayne Community Housing		X	X															
Wayne State College						X								X				
Veteran's Services Center				X					X		X	X	X		X			
Veteran's Hospital				X							X	X	X		X			

CoC-H

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2005 and January 31, 2006. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code □	Target Pop		Year-Round			Total Year-Round Beds	Other Beds				
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seas-onal	Overflow & Voucher			
Current Inventory			Ind.	Fam.												
Care Corps, Inc.	Same	5	17	28	319053	M		8	28	17	45	0	0			
Goldenrod Hills	Hotel/Motel Voucher	5	0	0	319039	M		0	0	0	0	0	156			
Crisis Center	Same	F	0	0	319053	M		3	8	1	9	0	51			
Haven House	Same	F	0	0	319179	M		3	2	1	8	0	12			
Bright Horizons	Same	F	0	0	319119	M		5	4	1	19	0	7			
Norfolk Rescue Mission	Same	N	0	0	319119	M		14	8	6	30	0	0			
Sheppard’s Room	Same	N	0	0	319119	SMF		0	0	2	2	0	2			
SUBTOTALS:			17	28	SUBTOT. CURRENT INVENTORY:			33	50	28	113	0	228			
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.												
NA																
SUBTOTALS:					SUBTOTAL NEW INVENTORY:			0	0	0	0	0	0			
Inventory Under Development		Anticipated Occupancy Date														
Care Corps. Inc.	Homeless Shelter	January 2007			319053	M		3	12	7	19	0	0			
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								3	12	7	19	0	0			
Unmet Need								UNMET NEED TOTALS:			18	34	12	46	0	0
1. Total Year-Round Individual ES Beds:				28	4. Total Year-Round Family Beds:								50			
2. Year-Round Individual ES Beds in HMIS:				17	5. Year-Round Family ES Beds in HMIS:								28			
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.				61%	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.								56%			

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds		
						A	B	Family Units	Family Beds	Individ. Beds			
Current Inventory			Ind.	Fam.									
R-Way	Kirkwood House	N	0	0	319179	SM		0	0	10	10		
Liberty Center	Park Place	N	0	0	319119	SMF		0	0	8	8		
SUBTOTALS:			0	0	SUBTOT. CURRENT INVENTORY:			0	0	18	18		
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.									
Crisis Center	Shelter	F	0	0	319053	M		2	2	0	2		
SUBTOTALS:					SUBTOTAL NEW INVENTORY:			2	2	0	2		
Inventory Under Development		Anticipated Occupancy Date											
NA													
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0		
Unmet Need								UNMET NEED TOTALS:		30	52	37	89
1. Total Year-Round Individual TH Beds:			18	4. Total Year-Round Family Beds:							0		
2. Year-Round Individual TH Beds in HMIS:			0	5. Year-Round Family TH Beds in HMIS:							0		
3. HMIS Coverage Individual TH Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.			0%	6. HMIS Coverage Family TH Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.							NA		

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code □	Target Population		Year-Round			Total Year-Round Beds		
						A	B	Family Units	Family Beds	Individual /CH Beds			
Current Inventory			Ind	Fam.									
Liberty Center	Willow Park	N	0	0	319119	SMF		2	4	24	28		
SUBTOTALS:			0	0	SUBTOT. CURRENT INVENTORY:			2	4	24	28		
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind	Fam.									
Liberty Center	Chestnut Park	N	0	0	319119	SM		0	0	10	10		
SUBTOTALS:					SUBTOTAL NEW INVENTORY:			0	0	10	10		
Inventory Under Development		Anticipated Occupancy Date											
NA													
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0		
Unmet Need								UNMET NEED TOTALS:		45	79	43	122
1. Total Year-Round Individual PH Beds:				34	4. Total Year-Round Family Beds:						4		
2. Year-Round Individual PH Beds in HMIS:				0	5. Year-Round Family PH Beds in HMIS:						0		
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole #)				0%	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)						0%		

*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.

J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time count during the last week of January 2006.

(1) Indicate date on which Housing Inventory count was completed: 05/3/06 (mm/dd/yyyy)	
(2) Identify the <u>primary</u> method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey to providers – CoC distributed a housing inventory survey via email to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	On-site or telephone housing inventory survey – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
(3) Indicate the percentage of providers completing the housing inventory survey:	
100%	Emergency shelter providers: Care Corps, Crisis Center, Haven House, Bright Horizons, Norfolk Rescue Mission, Goldenrod Hills Community Action, Sheppard's Room
100%	Transitional housing providers: Crisis Center, R Way, Liberty Center
100%	Permanent Supportive Housing providers: Liberty Center
(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6) Indicate the <u>primary</u> method used to calculate or determine unmet need (check one):	
<input type="checkbox"/>	Stakeholder Discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	Calculation – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input checked="" type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(7) If your CoC made adjustments to calculated unmet need, please explain how and why.	
NA	

*For further instructions, see Questions and Answers Supplement on the CoC portion of <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Complete the following chart based on the most recent point-in-time count conducted. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include homeless Hurricane Katrina evacuees in Parts 1 and 2, and complete Part 3 if applicable. Part 3 may be completed using point-in-time information or may be estimated if no point-in-time count has been done since September 1, 2005. Completion of a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2006 is not required. The next required point-in-time count of sheltered and unsheltered homeless persons must be completed during the last week of January 2007. For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count: 1/26/2006 (mm/dd/yyyy)						
Part 1: Homeless Population	Sheltered		Unsheltered	Total		
	Emergency	Transitional				
Number of Families with Children:						
1. Number of Persons in Families with Children:	30	4	14	48		
2. Number of Single Individuals and Persons in Households without Children:	25	8	18	51		
(Add Lines Numbered 1 & 2) Total Persons:	55	12	32	99		
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total		
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i>)	2**		1	3		
b. Severely Mentally Ill	16**		* 4	20		
c. Chronic Substance Abuse	13**		* 5	18		
d. Veterans	1		* 0	1		
e. Persons with HIV/AIDS	0		* 0	0		
f. Victims of Domestic Violence	16		* 1	17		
g. Unaccompanied Youth (Under 18)	0		* 2	2		
If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:						
Data Source: <input checked="" type="checkbox"/> Point-in-time count OR <input type="checkbox"/> Estimate						
Part 3: Hurricane Katrina Evacuees	Sheltered	Unsheltered	Total			
Total number of Katrina evacuees	0	0	0			
Of this total, enter # homeless prior to Katrina	0	0	0			

**An independent interviewer conducted interviews on Care Corps clients. We found that 40% of the adults reported to the interviewer that they did not have a disabling condition when, in fact, they did. This could also be the case for the chronic homeless questions, HIV/AIDS, etc.

*Optional for Unsheltered

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time count conducted.

L-1: Sheltered Homeless Population and Subpopulations

(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):	
<input type="checkbox"/>	Point-in-Time (PIT) <u>no interview</u> – Providers did not interview sheltered clients during the point-in-time count
X	PIT <u>with interviews</u> – Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	PIT <u>plus sample of interviews</u> – Providers conducted a point-in-time count and interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input type="checkbox"/>	PIT <u>plus extrapolation</u> – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	Administrative Data – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	Other – please specify:
(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):	
X	Instructions – Provided written instructions to providers for completing the sheltered point-in-time count
X	Training – Trained providers on completing the sheltered point-in-time count
X	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
X	HMIS – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input type="checkbox"/>	Other – please specify:
(3) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
X	Annual
<input type="checkbox"/>	Semi-annual
X	Other – please specify: in 2006 we have identified that a summer PIT count will be done to compare summer data with our winter count data in January.
(4) Month and Year when next count of sheltered homeless persons will occur: June 15, 2006	
(5) Indicate the percentage of providers completing the populations and subpopulations survey:	
100%	Emergency shelter providers
100%	Transitional housing providers
100%	Permanent Supportive Housing providers

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time count <u>without</u> client interviews
X	Public places count with interviews – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	Sample of interviews – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	Extrapolation – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
<input type="checkbox"/>	HMIS – Used HMIS to complete the enumeration of unsheltered homeless people
<input type="checkbox"/>	Other – please specify:
(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction
X	Known locations – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input type="checkbox"/>	Combination – CoC counted central areas using complete coverage and also visited known locations
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):	
X	Outreach teams
X	Law Enforcement
X	Service Providers
X	Community volunteers
X	Other – please specify: Hospitals, Churches, Health and Human Services, County Attorney's
(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):	
X	Training – Conducted a training for point-in-time enumerators
X	HMIS – Used HMIS to check for duplicate information
<input type="checkbox"/>	Other – specify:
(5) How often will counts of unsheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
X	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
X	Other – please specify: in 2006 we have identified that a summer PIT count will be done to compare summer data with our winter count data in January.
(6) Month and Year when next count of unsheltered homeless persons will occur: 6/15/06	

*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques.

CoC-L-2

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

M-1: HMIS Lead Organization Information

Organization Name: Goldenrod Hills Community Action	Contact Person: Robin Snyder
Phone: (402) 529-3513	Email: ghcs@gpcom.net
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider X Other <input type="checkbox"/>	

CoC-M-1

M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC included in HMIS Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Northeast Nebraska CoC	NE-506		

*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-M-2

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason: <input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process
11/2004			

CoC-M-3

M-4: Client Records**

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	0	96
2005	7,238	5,400

CoC-M-4

M-5: HMIS Participation**

a) HMIS participation by program type and funding source (please review instructions)			
Program Type	Total number of agencies	Number of agencies participating in HMIS <u>receiving</u> HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach	0		
Emergency Shelter	2	2	
Transitional Housing	0		
Permanent Supportive Housing	0		
TOTALS:	2	2	

b) Definition of bed coverage in HMIS (please review instructions)	
Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)
Emergency Shelter (all beds)	July 2008
Transitional Housing (all beds)	July 2008
Permanent Supportive Housing (McKinney-Vento funded beds only)	NA

Challenges and Barriers: Briefly describe any significant challenges/barriers the CoC has experienced in:

1. HMIS implementation –
 - A. In the Northeast CoC, domestic violence shelters represent 48 percent of McKinney-Vento funded emergency beds. To attain 75 percent bed coverage with HMIS is not feasible until implementation is expanded to include these agencies.
 - B. It is difficult to get agencies that are not mandated to participate in the Continuum of Care process or those that can not apply for HUD funding to see the value of HMIS for their agency for several reasons:
 - Fear of the unknown
 - Resistance to change
 - Fees for HMIS
 - Lack of computers/internet in some agencies rural area
 - Some are using a different data base
 - Resources needed to make the change – cost and staff time
2. HMIS Data and Technical Standards Final Notice requirements: no challenges/barriers to report at this time. As noted before, domestic violence shelters and transitional housing groups have delayed entry dates. Now that the NMIS infrastructure has been established, the focus for the Northeast CoC will be data entry of (1) existing CoC McKinney-Vento grantees, which are the domestic violence agencies and (2) encouraging those currently not receiving federal or state funds to join NMIS. The system administrators will be scheduled to provide presentations to the Northeast CoC, the sub-regional groups, and individual agencies.

**For further instructions on charts M-4 and M-5, see Instructions section at the beginning of application.

CoC-M-5

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

1. Training Provided (check all that apply)	YES	NO
Basic computer training	X	<input type="checkbox"/>
HMIS software training	X	<input type="checkbox"/>
Privacy / Ethics training	X	<input type="checkbox"/>
Security Training	X	<input type="checkbox"/>
System Administrator training	X	<input type="checkbox"/>
2. CoC Process/Role		
Is there a plan for aggregating all data to a central location, at least annually?	X	<input type="checkbox"/>
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	X	<input type="checkbox"/>
3. Data Collection Entered into the HMIS		
Do all participating agencies submit universal data elements for all homeless persons served?	X	<input type="checkbox"/>
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	X	<input type="checkbox"/>
4. Security: Participating agencies have:		
Unique username and password access?	X	<input type="checkbox"/>
Secure location?	X	<input type="checkbox"/>
Locking screen savers?	X	<input type="checkbox"/>
Virus protection with auto update?	X	<input type="checkbox"/>
Individual or network firewalls?	X	<input type="checkbox"/>
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)?	<input type="checkbox"/>	X
5. Security: Agency responsible for centralized HMIS data collection and storage has:		
Procedures for off-site storage of HMIS data?	X	<input type="checkbox"/>
Disaster recovery plan that has been <u>tested</u> ?	X	<input type="checkbox"/>
6. Privacy Requirements		
Have additional State confidentiality provisions been implemented?	X	<input type="checkbox"/>
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	X	<input type="checkbox"/>
Does each participating agency have a written privacy policy, including the uses and disclosures of information	X	<input type="checkbox"/>
Does each participating agency have a privacy policy posted on its website (if applicable)?	X	<input type="checkbox"/>
7. Data Quality: CoC has protocols for:		
Client level data quality (i.e. missing birth dates etc.)?	X	<input type="checkbox"/>
Program level data quality (i.e. data not entered by agency in over 14 days)?	X	<input type="checkbox"/>
Assessing CoC bed coverage (i.e. % of beds)?	X	<input type="checkbox"/>
8. Unduplication of Client Records: CoC process:		
Uses data in the HMIS exclusively to generate unduplicated count?	X	<input type="checkbox"/>
Uses data integration or data warehouse to generate unduplicated count?	<input type="checkbox"/>	X

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Please provide local action steps and measurable achievements for attaining each of the 5 national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. In the column labeled “Lead Person,” please list one individual that is responsible for ensuring that the objective is met. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2007 application.

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
<i>EXAMPLE: 1. Create new PH beds for chronically homeless persons.</i>	<i>1. Expand New Hope Housing project with 5 new TRA S+C beds for chronically homeless persons</i>	<i>5 beds</i>	<i>20 beds</i>	<i>50 beds</i>	<i>Carol Smith: Chair, CoC Housing Committee</i>
1. Create new permanent housing beds for chronically homeless persons.	Create permanent housing projects within region to centrally located communities first for a minimum of 10 families	0	40 beds	75 beds	Chair of CoC, Tammy Evans
2. Increase percentage of homeless persons staying in permanent housing over 6 months to 71%.	Supportive housing will accompany them for 3-12 months	25%	48%	71%	Data Collection Committee, Donna Colson
3. Increase percentage of homeless persons moving from transitional housing and permanent housing to 61%.	Expand number of transitional housing beds in Northeast Nebraska Region	35%	50%	61%	Chair of CoC, Tammy Evans
4. Increase percentage of homeless persons becoming employed by 11%.	Partner with Workforce Development and Voc Rehab and increase supportive services	3%	6%	11%	Chair of CoC, Tammy Evans
5. Ensure that the CoC has a functional HMIS system.	Create a Policy & Procedure for annual data collection and compilation as evidenced by complete data with uniform methods and add relevant components	50%	75%	100%	Data Collection Committee, Donna Colson

O: CoC Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being discharged from publicly funded institutions or systems of care. Check “Yes” or “No” in each box, as appropriate. *If “Yes” is indicated for “Formal Protocol Finalized” or “Formal Protocol Implemented,” include a brief summary of the formal protocol for each applicable system category. Your response in this section should take up less than 2 pages.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No
Health Care	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No
Mental Health	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No
Corrections	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No
<p>Foster Care: State policy addresses discharge from state foster care, out-of-home care, and general custody. A Policy and Procedures Manual guides the work of Protection and Safety. Discharge planning protocols seek to ensure a smooth transition from wardship to community living, connecting youth to needed community supports, while recognizing the strengths and needs of the ward. The protective service worker plan ensures that the youth continues to receive supported living into adulthood (the age of majority, which is 19) and reflects the need for any continuity of programmed services, such as educational and vocational services. The Transitional Plan to Adult Living through the school district is to be used for those receiving special education services. Wards with other mental or physical disabilities are linked to specialized support services to make the transition to living within the community. While a case is closed when the ward/youth reaches the age of majority, the youth should maintain significant relationships and be connected to future case management when warranted. (The Policy & Procedures Manual is currently under revision. (5/2006)</p>				
<p>Health Care: Discharge Planning is an organized process which begins at admission, to identify, review and assist each patient in obtaining services which will enhance their acute and post acute care needs. The acute care medical social workers will establish an initial discharge plan within 48 hours. An interdisciplinary team will then monitor care needs through to discharge.</p> <p>Special attention is given to those patients falling within the “High-Risk” categories, and referral made to discharge planning rounds. Any patients who have a new discharge plan identified or who need close monitoring of services are discussed at the next Discharge Planning Rounds. This process is continued until discharge. (Fremont Area Medical Center, Acute Care Discharge Planning Policy Plan, from latest revision 8/04.)</p>				
<p>Mental Health: When an individual is committed to a State Regional Center, the discharge planning process starts. The goal is to return the individual to the community and the appropriate level of housing and needed services (if required). All planned discharges include appropriate housing and community services. The Nebraska Housing Related Assistance Program, authorized under Neb. Rev. Stat. 71-812(3) and consistent with the intent of Nebraska’s Behavioral Health Reform, is to help those who are experiencing extreme housing burden. To be eligible, the adult has a serious mental illness; an Individual Service Plan with a goal of independent living; has HHSS Authorized Behavioral Health Services; has documented efforts to fully exhaust local options available in seeking rental assistance administered by local housing authorities and/or other entities; is</p>				

Extremely Low Income; and (f) meets one of the following criteria: is discharged from an inpatient mental health commitment; is eligible to move from a residential level of care to independent living to make room for a person being discharged from an inpatient mental health commitment; is at risk of an inpatient mental health commitment, at least in part because of lack of affordable independent housing.

Corrections: Case managers are responsible for conducting discharge planning for assigned caseloads. The intent of discharge planning is to prepare the inmate for release and transition to the community. As much as possible, inmates are encouraged to enroll in the pre-release program; this is mandatory for NE Corrections Youth Facility inmates. The discharge plan consists of educational or vocational goals, a housing plan, consideration of behavioral health plan for a continuum of care upon release. The plan is revised at regular interviews. The final discharge plan is completed to those discharging without the benefit of parole at least 90 days prior to discharge. This final plan reviews the reasons for discharge without parole and is used to aid the transition into the community. Each facility must develop procedures for coordinating community resources to assist in the final discharge plan. Written procedures are in place for releasing inmates. (Last revised 5/18/2005.)

P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	X	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	X	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	X	<input type="checkbox"/>
Jurisdictional 10-year Plan Coordination		
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	X	<input type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	X	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	X	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	X	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).	2	
Policy Academy* Coordination	YES	NO
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	X	<input type="checkbox"/>
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	X	<input type="checkbox"/>
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	X	<input type="checkbox"/>
Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	X	<input type="checkbox"/>
Coordination with State Education Agencies		
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	X	<input type="checkbox"/>

*A State Policy Academy is a state-level process designed to help state and local policymakers improve access to mainstream services for people who are homeless. For more information about getting involved in a State Policy Academy, see <http://www.hrsa.gov/homeless>.

CoC 2006 Funding Priorities

Q: CoC Project Priorities Chart

For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name:* Northeast Regional Continuum of Care						CoC #: NE - 506			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
Example: ABC Nonprofit	ABC Nonprofit	Annie's House	1	\$451,026	3	PH			
Example: XYZ County	AJAY Nonprofit	Pierce's Place	2	\$80,000	5			TRA	
Goldenrod Hills Community Action	Goldenrod Hills Community Action	HMIS	1	\$81,513	3		X		
			2						
			3						
			4						
			5						
			6						
(8) Subtotal: Requested Amount for CoC Competitive Projects:***				\$ 81,513					
(9) Shelter Plus Care Renewals:****						S+C Component Type**			
NA			7		1				
			8		1				
			9		1				
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$ 0					
(11) Total CoC Requested Amount:				\$ 81,513					

CoC-Q

*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

**Place the component type (PH, TRA etc.) under the appropriate program for each project in column 7.

***The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.

****For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

R: CoC Pro Rata Need (PRN) Reallocation Chart

(Only for Eligible Hold Harmless CoCs)

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2006 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These new project(s) may be for SHP, S+C, and Section 8 SRO projects and their respective eligible activities.

Advisory Warning: According to the CoC competitive process, a CoC that scores below the initial funding line will not have the new projects on this chart funded. As such, the reallocated funds that had been used for renewals would no longer be available to the CoC.

1. Will your CoC be using the PRN reallocation process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If Yes , explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2006, which amount you have verified with your field office:				<i>Example:</i> \$530,000	
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing projects, and enter the remaining amount: (<i>In this example, the amount proposed for new PH projects is \$140,000</i>)				<i>Example:</i> \$140,000	
4. Enter the Reduced or Eliminated Grant(s) in the 2006 Competition					
(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
<i>Ex:</i> MA01B300002	SHP	TH	\$100,000	\$60,000	\$40,000
<i>Ex:</i> MA01B400003	SHP	SSO	\$80,000	\$80,000	\$0
NA					
(7) TOTAL:					
5. Newly Proposed Permanent Housing Projects in the 2006 Competition					
(8) 2006 Project Priority Number	(9) Program Code	(10) Component	(11) Transferred Amounts		
<i>Example:</i> #5	SHP	PH	\$90,000		
<i>Example:</i> #12	S+C	TRA	\$50,000		
NA					
(12) TOTAL:			NA		

CoC-R

S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do **not** add any rows). Provide information **only** for contributions for which you have a **written commitment in hand at the time of application**.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
<i>Example:</i> River County CoC	\$10,253,000
Northeast Nebraska Regional Continuum of Care	\$13,956

CoC-S

T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:														
Type of Housing			All SHP Funds Requested (Current Year)		Renewal Projections									
			2006		2007		2008		2009		2010		2011	
Transitional Housing (TH)			0		\$238,935		0		\$238,935		0		\$238,935	
Safe Havens-TH			0		0		0		0		0		0	
Permanent Housing (PH)			0		0		0		0		0		0	
Safe Havens-PH			0		0		0		0		0		0	
SSO			0		0		0		0		0		0	
HMIS			\$81,513		0		0		\$27,171		81,513		0	
Totals			\$81,513		\$238,935				\$266,106		81,513		0	
Shelter Plus Care (S+C) Projects:														
Number of Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections										
				2006		2007		2008		2009		2010		2011
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	
0			NA											
1														
2														
3														
4														
5														
Totals														

Part IV: CoC Performance

U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12 months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

Goals	Action Steps	Measurable Achievements
Chronic Homelessness Goals		
1. Enhance the quality of data on homeless persons	<p>A. Re-involve the Norfolk Rescue Mission in the NE CoC and point-in-time</p> <p>B. Formalize street outreach throughout the region</p> <p>C. Include PIT forms, instructions (which include the definition of chronic homeless, and historical PIT information in the member manual of the NE CoC)</p>	<p>A. Norfolk has become more involved through the sub-regional group and did participate in recent point-in-time count</p> <p>B. Street outreach was formalized with the cooperation of local law enforcement agencies which resulted in more street count data of unsheltered homeless</p> <p>C. Forms, instructions and historical info was included in the pit packet resulting in a higher response rate.</p> <p>Additional Achievements: We made public announcements of the PIT count on the radio and in the newspaper. As such, we have a higher level of participation and better quality data.</p>
2. Establish best practices for services and emergency shelters in order to gather better information on characteristics and identify persons who are chronically homeless	<p>A. Use PIT survey questions to capture chronically homeless information on agency intake forms</p> <p>B. Determine costs related to providing day services (phones, mailing address, showers, laundry, meals)</p>	<p>A. Point-in-time survey questions were included on agency intake forms to capture chronically homeless data</p> <p>We also did a better job defining chronic homeless on this years forms as well as explaining why this was such important data to have. Again, this resulted in better data.</p> <p>B. The region is analyzing point-in-time and gaps analysis data to assess the level of need for day services. This was our strongest data collection year to date.</p>

3. Identify chronic homeless who qualify for services developed relating to behavioral health reform	<p>A. Work with mental health governing boards or representatives in regions IV and VI and identifying persons who are chronically homeless and who are eligible for services</p> <p>B. Link chronically homeless to needed services and housing providers</p>	<p>A. The mental health governing boards in Regions IV and VI actively participated in identifying persons who are chronically homeless and who are eligible for services</p> <p>B. Assisted chronically homeless in linking to services and housing providers through a resource/referral form and through the continuum of care network. 16/79 chronic homeless individuals moved from shelter to permanent housing (over 20%)</p>
Other Homelessness Goals		
1. Begin initial dialogue with stakeholders on discharge from correctional institutions of non-parolees.	<p>A. Identify all stakeholders & identify issues</p> <p>B. Identify probable solutions to reentry</p>	<p>A. In the last year, we have identified stakeholders to look at this issue.</p> <p>B. In the last year, we have discussed methods to collect data on this so viable solutions can be implemented.</p>
2. Determine the number of individuals who “jam out” of correctional facilities, return to the northeast region, and are at high risk of homelessness	<p>A. Contact relevant correctional contacts in the sub regions to discuss goal</p> <p>B. Research sub region services and housing options and barriers for this population</p> <p>C. Determine the potential for ministerial associations in assisting with this discharge issue</p>	<p>A. The Data Collection committee is exploring how we can collect this data to assess our needs in this area</p> <p>B. Met with Section 8 as well as some independent housing managers and are seeking ways to overcome guidelines that keep felons out of affordable housing (i.e. drug related charges, assault with weapon, etc.)</p> <p>C. We have started to partner with 2 of the ministerial associations that operate prison ministry’s that assist with discharge planning</p>
3. Contact foster care providers and other youth providers to collaborate and coordinate services for youth transitioning from foster care to independent living.	<p>A. Use information from Ad Hoc Committee to identify stakeholders who work with youth in foster care and others</p> <p>B. Contact providers in region and involve in CoC</p> <p>C. Identify issues and needs of youth (aging out of foster care) & monitor discharge</p>	<p>A. We have had representation at Ad Hoc meetings to begin identifying who the stakeholders are.</p> <p>B. Meeting attendance increased by 20% and has increased awareness of housing/homeless issues.</p> <p>C. Attendance from child welfare representatives has increased and these issues are being identified.</p>

V: CoC Chronic Homeless (CH) Progress Chart

This chart should be based on January 2006 point-in-time counts. For further instructions in filling out this chart, please see the Instructions section.

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	Example: 90	45					
2005	Example: 82	50					
2006	Example: 75	60	10	\$15,480	\$31,420	\$40,350	\$12,750
2004	68 *	0					
2005	1	1**					
2006	3	34	10	\$900,000	\$0	\$0	\$0

(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).

*In 2004 we had problems with our methodology which is why this number is so much larger.

**In 2005, we had 24 permanent housing beds available for chronically homeless persons that were not accounted for on the application. In June of 2005, after the application was submitted, 10 additional beds were added which should have been listed as “inventory under development”.

We believe that there is a much higher number of those who are chronically homeless in the northeast region than what was counted for 2 reasons:

1) We are still in the process of strengthening our data collection methods. (Nonetheless, our point-in-time partnerships and collection methods continue to strengthen each year. Last year we had the chronically homeless questions on the attached survey page. This year we incorporated those questions on the data page so we could capture that information even when individuals would not take the time to answer the survey questions).

2) Only individuals can be counted as chronically homeless which excludes a significant portion of the homeless population in this region. For example, families made up 45% of the homeless population at Care Corps in 2004 and 62% in 2005.

3) Care Corps discovered that 40% of our clients did not accurately self report on the point-in-time survey that they had a disabling condition or the number of times they had been homeless in the last 4 years which would impact the data collected. It could be generalized that all self report data could have this level of reporting error.

4) One single agency, Care Corps, counted 79 chronically homeless persons in 2005. As we improve data collection for chronically homeless, we will capture more accurate numbers of the chronically homeless that other agencies are encountering as well.

W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate box in the chart.

1. Participants in Permanent Housing		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
X	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	All PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
X	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	All TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	
b.	Number of participants who moved to PH	
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	%

CoC-W

X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

X	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
<input type="checkbox"/>	<u>All</u> non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
<i>Example:</i> 105	a. SSI	40	38.1%
<i>Example:</i> 105	b. SSDI	35	33.3%
	a. SSI		
	b. SSDI		
	c. Social Security		
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
	h. Employment Income		
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other (please specify)		
	n. No Financial Resources		

CoC-X

Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC systematically helps homeless persons identify, apply for and follow-up to receive benefits under **SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.** Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
X	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
X	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
X	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
X	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
X	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
X	The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
X	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
X	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
X	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

CoC-Y

Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

CoC-Y

Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	\$514,000
NE26B506001	Care Corps, Inc.	Transitional Housing Project	\$238,935
NE26B506002	Goldenrod Hills Community Action	HMIS Project	\$27,171
		Total	\$266,106

CoC-Z

AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiatives go to: <http://www.energystar.gov>.

Have you notified CoC members of the Energy Star initiative? X Yes ☐ No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: NA %

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	X
2. If you answered yes to Question 1: NA Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. If you answered yes to Question 2: NA What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")?</p> <p>Check all that apply: NA</p> <p><input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.</p> <p><input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.</p> <p><input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.</p> <p><input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"*** in all solicitations and contracts.</p>		

*A “Section 3 business concern” is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided.

**The “Section 3 clause” can be found at 24 CFR Part 135.

CoC-AB